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Complete if Known

FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$750.00)

Application Number	unassigned
Filing Date	concurrent herewith
First Named Inventor	R. SCOTT OBACH
Examiner Name	unassigned

Art Unit	unassigned
Attorney Docket No.	PC10244C

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **16-1445**Deposit Account Name **Pfizer Inc**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
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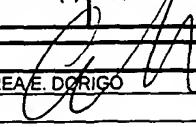
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1801	750	2801	375
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
Other Fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			

SUBMITTED BY

Complete (if Applicable)

Name (Printed/Type) **ANDREA E. DORIGO**Reg. Number **47,532**
Signature Date **July 21, 2003**Telephone **(212) 733-1898**10/624123
U.S. PTO
07/21/03

Please type a plus sign (+) inside this box → +

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. PC10244C		
		First Inventor R. SCOTT OBACH		
		Title Use of CYP2D6 INHIBITORS IN COMBINATION THERAPIES		
		Express Mail Label No. EL625571019US		
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27</small>		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>		
3. <input checked="" type="checkbox"/> Specification [Total Pages 15] <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Copy (CRF)		
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets 1]		b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) ii. <input type="checkbox"/> Paper 		
5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 2] <ul style="list-style-type: none"> a. <input type="checkbox"/> executed (copy from parent case) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 		c. <input type="checkbox"/> Statement verifying identity of above copies		
6.. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATION PARTS		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>		
		11. <input type="checkbox"/> English Translation Document (if applicable)		
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
		13. <input checked="" type="checkbox"/> Preliminary Amendment		
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>		
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>		
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
		17. <input type="checkbox"/> Other:		
<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application No: 09/ 528,978		
Prior application information:		Examiner _____ Group/Art Unit: _____		
For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts				
18. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="display: flex; align-items: center; margin-left: 10px;"> (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below </div>				
23913				
Name				
Address				
City	State		Zip Code	
Country	Telephone		Fax	
NAME (Print/type)	Andrea E. Dorigo		Registration No. (Attorney/Agent)	47,532
Signature			Date	July 2, 2003